No. <b>W 55723</b>		Du	2. Registered Age	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  NORTH IDAHO HAND REHABILITATION, PLLC  JILL W SATREN  212 W IRONWOOD DRIVE #303  COUER D'ALENE ID 83814		943 IRONWOO COEUR D'ALEN	ROBERT SWIDER 943 IRONWOOD DR #100 COEUR D'ALENE ID 83814  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
	anies: Enter Nai	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER ROBERT SW			212 W IRONWOOD #303	COEUR D'ALENE		USA	83814	
MEMBER	JILL WALKER	R SATREN	212 W IRONWOOD #303	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 55723		Signature: D.		Date: 11/15/2009				
		Name (type o		Title: Co-Owner				
Processed 11/15/2009 * Electronically provided signatures are accepted as original signatures.								